

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000057880

1. Entity Name
THE FRENCH HEN, INC.

Principal Place of Business
596 INDIAN ROCKS ROAD
BELLEAIR BLUFFS FL 33770
US

Mailing Address
596 INDIAN ROCKS ROAD
BELLEAIR BLUFFS FL 33770
US

2. Principal Place of Business
596 Indian Rocks Road
Suite, Apt. #, etc.

3. Mailing Address
596 Indian Rocks Road
Suite, Apt. #, etc.

City & State
Belleair Bluffs FL
Zip
33770
Country
US

City & State
Belleair Bluffs FL
Zip
33770
Country
US

4. FEI Number 59-3457998
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACPHERSON, GILBERT P P.A.
1822 DREW STREET
SUITE 8
CLEARWATER FL 34625

Name
TERRY McCoy
Street Address (P.O. Box Number is Not Acceptable)
601 Cleveland St. #700
City
Clearwater FL Zip Code
33755

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE 
Signature, typed or printed name of registered agent and filer if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
4/5/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	BOLLEA, LINDA	130 WILLADEL DRIVE	BELLEAIR FL 34616	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/01

Daytime Phone #

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90147 020 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)